



SLLC Payroll Action Request Form

Instructions: Complete form (*front and back*) and submit to Payroll & Benefits Coordinator at least 2 weeks before appointment start date.

Payroll Action Requested:

- New Hire Rehire/Reappointment Change to Payroll Terminate Employee

Appointment Action Requested: (*if change to payroll*)

- Admin Increment GA/TA Step Increase LWOP Sabbatical Leave

- Summer Pay/Research Other (*write in*) _____

Employee Information:

Name	UID/SSN
Email	Contact Number
Supervisor Name	Supervisor Contact Number

Employee Category: (*mark one*)

Regular w/ Bi-Weekly salary	Non-Reg w/ Bi-Weekly salary	Hourly Payment	Non-Std Payment	Miscellaneous
<input type="checkbox"/> Non-Exempt 20	<input type="checkbox"/> Non-Exempt C2, 22	<input type="checkbox"/> Student UG, 14	<input type="checkbox"/> Student UG, 14	<input type="checkbox"/> Non-Paid
<input type="checkbox"/> Exempt 33	<input type="checkbox"/> Exempt C2, 35	<input type="checkbox"/> Student Grad, 16	<input type="checkbox"/> Student Grad, 16	<input type="checkbox"/> Teaching Overload
<input type="checkbox"/> Faculty Tenured, 01	<input type="checkbox"/> Post-Doctoral Scholar, 25	<input type="checkbox"/> Non-Exempt C1, 31	<input type="checkbox"/> Non-Exempt C1, 31	<input type="checkbox"/> Non-Teaching Overload
<input type="checkbox"/> Faculty Tenure Track, 02	<input type="checkbox"/> Faculty NT NR Term, 37	<input type="checkbox"/> Exempt C1, 34	<input type="checkbox"/> Exempt C1, 34	
<input type="checkbox"/> Faculty NT Continuing, 15	<input type="checkbox"/> Graduate Assistant, 04	<input type="checkbox"/> Faculty Hourly, 36	<input type="checkbox"/> Faculty Hourly, 36	
<input type="checkbox"/> Faculty NT Term, 03	<input type="checkbox"/> Trainee 19		<input type="checkbox"/> Winter Term	

Appointment/Salary Information:

Position No. (if applicable)	Title	Base Salary/Hourly Rate	
Payment Method: <input type="checkbox"/> 12/12 <input type="checkbox"/> 9/22 <input type="checkbox"/> 9/12 <input type="checkbox"/> 9.5/22 <input type="checkbox"/> Other _____			
Appointment FTE%	Start Date	End Date	Time Entry Work Group

Funding Source Information:

KFS Account	Account/Project Name	% of Effort	Effective Date	Expiration Date

Description of Work:

Checklist of Required Documents:

- Offer Letter FWS Authorization Form Leave/Sabbatical Approval Overload Approval
- Other (write in) _____

Payroll Action Requested by:

Name: _____

Signature: _____ Date: _____

Department Chair/Director Approval:

Authorized Name: _____

Authorized Signature: _____ Date: _____